2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9 (20000000) May 31, 2000 8:00 am Secretary of State 1. Entity Name
Werthers Bookkeeping Services, Inc. 05-31-2000 90062 003 ***150.00 Principal Place of Business 1502 N.W. 51 Tem Same Gainesville, FL 32605-4A30 DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable Country \$8,75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Werther, Mari E. 1502 N.W. 51th TERR Street Address (P.O. Box Number is Not Acceptable) Zip Code City for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 u. Inis corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. President Addition TITI F ☐ Delete marifewerther 1502 Now, 51 Jeal NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Citir - ST-ZIP ☐ Addition Change ☐ Delete TITLE STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like epropowered. SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR